

METROPOLITAN HEALTH DEPARTMENT
 POLLUTION CONTROL DIVISION
 311 – 23rd Avenue North
 Nashville, TN 37203
 (615) 340-5653

Office Use Only	
Date Received	
Date Postmarked	
Check No.	
Check Amount	
ASB-	

NOTIFICATION OF DEMOLITION/RENOVATION

This notification must be postmarked or received at the above address in accordance with the notification requirements of Regulation No. 4, Section 4-7 (d)(2). A \$100.00 permit fee must accompany this notification.

TYPE OF NOTIFICATION	() Original	() Revised
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FACILITY INFORMATION: (Identify owner, removal contractor, and other operator)

OWNER		Contact Person	
Address			
City	State	Zip	Telephone
REMOVAL CONTRACTOR		Contact Person	
Address			
City	State	Zip	Telephone
OTHER OPERATOR		Contact Person	
Address			
City	State	Zip	Telephone
TYPE OF OPERATION	() Demolition	() Ordered Demolition	() Renovation () Emergency Renovation
Is Asbestos Present? () No () Yes			
If yes, is it now or will it become friable as a result of the demolition or renovation activities? () Yes () No			

FACILITY DESCRIPTION: (Include site name, number and floor or room number)

SITE NAME		SITE DESCRIPTION	
Address			
City	State	Zip	
Building Size	No. Of Floors	Present Use	Age in Years

PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: _____

REGULATED ACM TO BE REMOVED					CAT I NONFRIABLE ACM NOT TO BE REMOVED			
Quantity		Description	Quantity		Description	Quantity		Description
	LF			LF			LF	
	SF			SF			SF	
	CF			CF			CF	

Asbestos Removal Scheduled Dates	Start	Completed
Demo/Renovation Scheduled Dates	Start	Completed

Description of Planned Demolition or Renovation Work and Methods to be Used			
Description of Work Practices and Engineering Controls to be Used to Prevent Emissions of Asbestos at the Demolition and Renovation Site			
WASTE TRANSPORTER #1 NAME		Contact Person	
Address			
City	State	Zip	Telephone
WASTE TRANSPORTER #2 NAME		Contact Person	
Address			
City	State	Zip	Telephone
WASTE DISPOSAL SITE NAME			
Address			
City	State	Zip	Telephone

If Demolition ordered by a government agency, please identify the agency below:

NAME	TITLE
Authority	
Date of Order (MM/DD/YY)	Date Ordered to Begin (MM/DD/YY)

For Emergency Renovations

Date and Hour of Emergency (MM/DD/YY)
Description of the Sudden, Unexpected Event
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden

Description of procedures to be followed in the event that unexpected asbestos is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder.

I certify that an individual trained in the provisions of this regulation (40 CFR, Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Signature of OWNER/OPERATOR)

DATE

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

(Signature of OWNER/OPERATOR)

DATE